

PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL

VOUCHER NO
00000006

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION
E P A
RESEARCH TRIANGLE PARK
FINANCIAL MANAGEMENT CENTER
MAIL CODE D143-02
RTP, NC 27711

DATE VOUCHER PREPARED

03/14/2014

SCHEDULE NO.

EP-C-11-038/Task Order 0015

REQUISITION NUMBER AND DATE

PAID BY

PAYEE'S NAME
BATTELLE MEMORIAL INSTITUTE
DEPT. L 998
AND COLUMBUS, OHIO 43260
ADDRESS

BILLING MGR (614)424-3278
FAX NO (614)424-4503
DUNS NO: 00-790-1598
FEDERAL ID # (b)(4)

DATE INVOICE RECEIVED

DISCOUNT TERMS

PAYEE ACCOUNT NUMBER

(b)(4)

GOVERNMENT B/L NUMBER

SHIPPED FROM

TO

NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES (Enter description, item number of contract of Federal supply schedule, and other information deemed necessary)	Quantity	UNIT PRICE		AMOUNT
				COST	PER	
01/31/2014 TO 02/27/2014		COST REIMBURSABLE PROVISIONAL PAYMENT Please See Attached Continuation Sheets "Summary Voucher" Cost 18,253.83 Fee 1,094.92 Total 19,348.75 REMIT TO: ACH-EPA				\$19,348.75

(USE CONTINUATION SHEET(S) IF NECESSARY)

(Payee must NOT use the space below)

TOTAL \$19,348.75

PAYMENT	APPROVED FOR	EXCHANGE FEE	DIFFERENCES
PROVISIONAL			
COMPLETE			
PARTIAL	BY:2		
FINAL			
PROGRESS	TITLE		Amount verified; collected for
ADVANCE			(Signature or initials)

Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment

Accounting Officer

(Date)

(Authorized certifying officer)2

(Title)

ACCOUNT CLASSIFICATION

CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)
CASH	DATE	PAYEE 3	

1 When stated in foreign currency, insert name of currency.

2 If the ability to certify and authority to approve are combined in one person, one signature only is necessary, otherwise the approving officer will sign in the space provided over his official title.

3 When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporation name, as well as the capacity in which he signs, must appear, for example, John Doe Company per John Smith, Secretary, or Treasurer, as the case may be.

PER

TITLE

B4097044190

RECEIVED BY RTP-FC: Mar 18 2014

Standard Form 1034 Revised October 1987 Department of the Treasury 1 TFM 4-2000		PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL			VOUCHER NO. 00000006	
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT LOCATION EPA RESEARCH TRIANGLE PARK FINANCIAL MANAGEMENT CENTER MAIL CODE D143-02 RTP NC 27711 United States				DATE VOUCHER PREPARED 03/14/2014		SCHEDULE NO. PAID BY
				CONTRACT NUMBER AND DATE EP-C-11-038/Task Order 0015		
				REQUISITION NUMBER AND DATE		
Customer ID: C00107855				DATE INVOICE RECEIVED DISCOUNT TERMS PAYEE'S ACCOUNT NUMBER (b)(4) GOVERNMENT BAL NUMBER		
PAYEE'S NAME AND ADDRESS Battelle Memorial Institute Dept L 998 COLUMBUS OH 43260						
Inquiry Tel: (614) 424-3278 DUNS No: 00-790-1598 Federal ID: (b)(4)						
SHIPPED FROM TO WEIGHT						
NUMBER AND DATE OF ORDER 01/31/2014 TO 02/27/2014	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES <small>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</small> I certify that all payments requested are for any lawful purpose and in accordance with the Federal Acquisition Regulation.	QUANTITY	UNIT PRICE COST PER		AMOUNT (1) \$9,595.89
(Use continuation sheet(s) if necessary) (Payee must NOT use the space below)						TOTAL \$9,595.89
PAYMENT: <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE	APPROVED FOR BY 2		EXCHANGE RATE = \$1.00	DIFFERENCE \$		Amount verified, correct for (Signature or initials)
Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.						
_____ (Date) (Authorized Certifying Officer) 2 (Title)						
ACCOUNTING CLASSIFICATION						
P A I D \$	CHECK NUMBER ON ACCOUNT OF U.S. TREASURY		CHECK NUMBER ON (Name of bank)			
CASH DATE		PAYEE 3				
1 When stated in foreign currency, insert name of currency.				PER		
2 If ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise approving officer will sign in space provided, over official title.				TITLE		
3 When a voucher is received in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.						

PRIVACY ACT STATEMENT

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

Battelle Memorial Institute
Dept L 998
COLUMBUS OH
43260

Battelle

The Business of Innovation

Invoice: 10065640
Invoice Date: 03/14/2014
Customer ID: C00107855
Payment Terms: Net 30
Due Date: 04/13/2014
Voucher: 00000006

Bill To:

EPA
RESEARCH TRIANGLE PARK
FINANCIAL MANAGEMENT CENTER
MAIL CODE D143-02
RTP NC 27711
United States

Inquiry: (614) 424-3278 P.O. Ref:
DUNS No: 00-790-1598 Contract:
Federal ID: (b)(4) Contract Type: CPFF
Client Ref: EP-C-11-038/Task Order 0015

PLEASE INCLUDE OUR INVOICE NUMBER AND CUSTOMER ID AS REFERENCED ABOVE ON YOUR REMITTANCE ADVICE. THANK YOU.

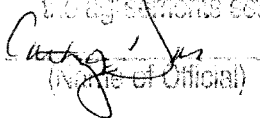
Billing Period FROM 01/31/2014 TO 02/27/2014

Cost Appropriation 122,692.00 Fee Appropriation 7,292.00

Cost Elements		Current	Cumulative
Direct Labor - BCO		1,851.78	1,851.78
Direct Labor - BTSO		1,648.68	1,648.68
Fringe Benefits-Salaried - BCO	42.0%	777.76	777.76
Fringe Benefits-Salaried - BTSO	42.0%	692.41	692.41
Division Overhead - BCO	63.1%	1,659.30	1,659.30
Division Overhead - BTSO	26.1%	611.03	611.03
Special Facilities & Services - BCO		168.20	168.20
Special Facilities & Services - BTSO		134.10	134.10
General & Administrative - BCO	26.5%	1,181.12	1,181.12
General & Administrative - BTSO	7.00%	215.98	215.98
Cost of Facilities Capital-DOH - BCO		89.12	89.12
Cost of Facilities Capital-G&A - BCO		14.80	14.80
Cost of Facilities Capital-G&A - BTSO		8.56	8.56
Total BEFORE Fee		9,052.84	9,052.84
Fee - Fixed		543.05	543.05
Total Fee		543.05	543.05
Net Total Cost		9,595.89	9,595.89

BF GOODRICH SITE

I certify that all payments requested are for appropriate purposes and in accordance with the agreements set forth in the contract.


(Name of Official)

Accounting Officer
(Title)

All costs are calculated at the transaction level, but summarized for Billing purposes. Therefore, some rounding differences may occur.

PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL

VOUCHER NO
00000007

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION
E P A
RESEARCH TRIANGLE PARK
FINANCIAL MANAGEMENT CENTER
MAIL CODE D143-02
RTP, NC 27711

DATE VOUCHER PREPARED
04/14/2014

EP-C-11-038/Task Order 0015

REQUISITION NUMBER AND DATE

SCHEDULE NO.

PAID BY

PAYEE'S NAME
BATTELLE MEMORIAL INSTITUTE
DEPT. L 998
AND COLUMBUS, OHIO 43260
ADDRESS

BILLING MGR (614)424-3278
FAX NO (614)424-4503
DUNS NO: 00-790-1598
FEDERAL ID # **(b)(4)**

DATE INVOICE RECEIVED


DISCOUNT TERMS

PAYEE ACCOUNT NUMBER

(b)(4)

GOVERNMENT B/L NUMBER

SHIPPED FROM TO

NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES (Enter description, item number of contract of Federal supply schedule, and other information deemed necessary)	Quantity	UNIT PRICE		AMOUNT
				COST	PER	
02/28/2014 TO 03/27/2014		COST REIMBURSABLE PROVISIONAL PAYMENT Please See Attached Continuation Sheets				\$24,436.22
		<div>"Summary Voucher" Cost23,053.37 Fee1,382.85 Total24,436.22</div>				
		REMIT TO: ACH-EPA				
<div>I certify that all payments requested are for appropriate purposes and in accordance with the terms and conditions of the contract.</div> <div> (Name of Official) _____ (Title) _____</div> <div>CONFIDENTIAL</div>						

(USE CONTINUATION SHEET(S) IF NECESSARY)

(Payee must NOT use the space below)

TOTAL

\$24,436.22

PAYMENT	APPROVED FOR	EXCHANGE FEE	DIFFERENCES	*
PROVISIONAL	BY:2	\$1.00		
COMPLETE				
PARTIAL	TITLE			
FINAL				
PROGRESS			Amount verified; collected for	
ADVANCE				
			(Signature or initials)	

Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment

(Date)

(Authorized certifying officer)2

Accounting Officer

(Title)

ACCOUNT CLASSIFICATION

CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)
CASH	DATE	PAYEE 3	

1 When stated in foreign currency, insert name of currency.

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3 When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporation name, as well as the capacity in which he signs, must appear, for example, John Doe Company per John Smith, Secretary, or Treasurer, as the case may be.

PER

TITLE

Standard Form 1034 Revised October 1987 Department of the Treasury 1 TFM 4-2000		PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL			VOUCHER NO. 00000007	
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT LOCATION EPA RESEARCH TRIANGLE PARK FINANCIAL MANAGEMENT CENTER MAIL CODE D143-02 RTP NC 27711 United States <div style="text-align: right;">Customer ID: C00107855</div>			DATE VOUCHER PREPARED 04/14/2014		SCHEDULE NO. PAID BY	
			CONTRACT NUMBER AND DATE EP-C-11-038/Task Order 0015			
			REQUISITION NUMBER AND DATE			
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> PAYEE'S NAME AND ADDRESS Battelle Memorial Institute Dept L 998 COLUMBUS OH 43260 </div> <div style="width: 45%;"> Inquiry Tel: (614) 424-3278 DUNS No: 00-790-1598 Federal ID: (b)(4) </div> </div>			DATE INVOICE RECEIVED			
			DISCOUNT TERMS			
			PAYEE'S ACCOUNT NUMBER (b)(4)			
			SHIPPED FROM		TO	
NUMBER AND DATE OF ORDER 02/28/2014 TO 03/27/2014		ARTICLES OR SERVICES <small>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</small> <div style="text-align: center;"> <p>I certify that all payments requested are for appropriate purposes and in accordance with the agreement set forth in the contract.</p> <p><i>[Signature]</i> Accounting Officer <small>(Name of Official) (Title)</small></p> </div>		QUANTITY	UNIT PRICE COST PER	AMOUNT <div style="text-align: right;">(1) \$9,798.13</div>
(Use continuation sheet(s) if necessary)		(Payee must NOT use the space below)		TOTAL		
PAYMENT: <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE		APPROVED FOR BY 2 TITLE		EXCHANGE RATE = \$1.00 DIFFERENCE Amount verified; correct for (Signature or initials)		
Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.						
(Date)		(Authorized Certifying Officer) 2		(Title)		
ACCOUNTING CLASSIFICATION						
P A I D \$	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)		
	CASH	DATE	PAYEE 3			
<small>1 When stated in foreign currency, insert name of currency.</small>				PER		
<small>2 If ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise approving officer will sign in space provided, over official title.</small>				TITLE		
<small>3 When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.</small>						

PRIVACY ACT STATEMENT

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

Battelle Memorial Institute
Dept L 998
COLUMBUS OH
43260

Battelle

The Business of Innovation

Invoice: 10067140
Invoice Date: 04/14/2014
Customer ID: C00107855
Payment Terms: Net 30
Due Date: 05/14/2014
Voucher: 00000007

Bill To:

EPA
RESEARCH TRIANGLE PARK
FINANCIAL MANAGEMENT CENTER
MAIL CODE D143-02
RTP NC 27711
United States

Inquiry: (614) 424-3278 P.O. Ref:
DUNS No: 00-790-1598 Contract: (b)(4)
Federal ID: (b)(4) Contract Type: CPFF
Client Ref: EP-C-11-038/Task Order 0015

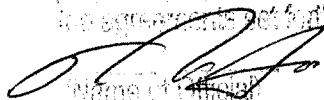
PLEASE INCLUDE OUR INVOICE NUMBER AND CUSTOMER ID AS REFERENCED ABOVE ON YOUR REMITTANCE ADVICE. THANK YOU.

Billing Period FROM 02/28/2014 TO 03/27/2014

Cost Appropriation	122,692.00	Fee Appropriation	7,292.00
Cost Elements		Current	Cumulative
Direct Labor - BCO		1,246.18	3,097.96
Direct Labor - BTSO		2,437.59	4,086.27
Fringe Benefits-Salaried - BCO	42.0%	523.38	1,301.14
Fringe Benefits-Salaried - BTSO	42.0%	1,023.81	1,716.22
Division Overhead - BCO	63.1%	1,116.59	2,775.89
Division Overhead - BTSO	26.1%	903.49	1,514.52
Special Facilities & Services - BCO		136.44	304.64
Special Facilities & Services - BTSO		240.43	374.53
Travel - BCO		323.00	323.00
General & Administrative - BCO	26.5%	886.57	2,067.69
General & Administrative - BTSO	7.0%	322.31	538.29
Cost of Facilities Capital-DOH - BCO		59.19	148.11
Cost of Facilities Capital-G&A - BCO		10.88	25.68
Cost of Facilities Capital-G&A - BTSO		12.87	21.43
Total BEFORE Fee		9,243.53	18,296.37
Fee - Fixed		554.60	1,097.65
Total Fee		554.60	1,097.65
Net Total Cost		9,798.13	19,394.02

BF GOODRICH SITE

I certify that all payments requested are for appropriate purposes and in accordance with the agreements set forth in the contract.

 Accounting Officer
(Title)

All costs are calculated at the transaction level, but summarized for Billing purposes. Therefore, some rounding differences may occur.

PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL

VOUCHER NO
00000009
SCHEDULE NO.

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION
E P A
RESEARCH TRIANGLE PARK
FINANCIAL MANAGEMENT CENTER
MAIL CODE D143-02
RTP, NC 27711

DATE VOUCHER PREPARED

06/11/2014

EP-C-11-038/Task Order 0015

REQUISITION NUMBER AND DATE

PAYEE'S NAME
BATTTELLE MEMORIAL INSTITUTE
DEPT. L 998
AND COLUMBUS, OHIO 43280
ADDRESS

BILLING MGR (614)424-3278
FAX NO (614)424-4503
DUNS NO: 00-790-1598
FEDERAL ID # (b)(4)

DATE INVOICE RECEIVED


DISCOUNT TERMS

PAYEE ACCOUNT NUMBER

(b)(4)

GOVERNMENT B/L NUMBER

SHIPPED FROM TO

NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES (Enter description, item number of contract of Federal supply schedule, and other information deemed necessary)	Quantity	UNIT PRICE		AMOUNT
				COST	PER	
04/25/2014 TO 05/29/2014		COST REIMBURSABLE PROVISIONAL PAYMENT Please See Attached Continuation Sheets "Summary Voucher" Cost 52,623.36 Fee 3,156.75 Total 55,780.11 REMIT TO: ACH-EPA I certify that all payments requested are for a proper purpose and in accordance with the agreements set forth in the contract.  Accounting Officer (Title) Confidential				\$55,780.11

(USE CONTINUATION SHEET(S) IF NECESSARY)

(Payee must NOT use the space below)

TOTAL

\$55,780.11

PAYMENT	APPROVED FOR	EXCHANGE FEE	DIFFERENCES
PROVISIONAL			
COMPLETE	BY:2		
PARTIAL			
FINAL			
PROGRESS	TITLE		
ADVANCE			
			Amount verified; collected for
			(Signature or initials)

Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment

(Date)

(Authorized certifying officer)2

Accounting Officer

(Title)

ACCOUNT CLASSIFICATION

CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)
CASH	DATE	PAYEE 3	

1 When stated in foreign currency, insert name of currency.

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3 When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporation name, as well as the capacity in which he signs, must appear, for example, John Doe Company per John Smith, Secretary, or Treasurer, as the case may be.

PER

TITLE

B4097281083

RECEIVED BY RTP-FC: Jun 12 2014

[Home](#) | [Logout](#)**Contract Payment System (CPS)**

Today is 07/29/2014

DDC	Obligation	Invoice	Redistribution	Data Correction
Utilities	Reports/Queries			

Invoice Query**Barcode:** b4097281083**Contract:****DO:****Invoice:**

Reset Search

Contract: EPC11038 **DO:** 00015 **Invoice:** 9 **Barcode:** B4097281083 **Date Invoiced:** 06/11/2014**Date Received:** 06/12/2014**Funding Period:** 0**Invoice Period of Performance:** 04/25/2014 - 05/29/2014**Amount Invoiced:** 55,780.11**Contract/DO Period of Performance:** 08/28/2013 - 08/28/2014**Distributed Amount:** 55,780.11**Payment Type:** ACH **Prompt Pay Type:** STD - Standard**Amount Paid:** 55,783.22**Disbursement due:** 07/14/2014**Approval Sent:** 06/19/2014**Discount Taken:** 0.00**Date Accepted:****Approval Received:**
07/11/2014**Discount Days:** 0**Discount Percent:** 0**Discount Lost:****Date Paid by Treas:** 07/15/2014**Schedule No:** AVC140202**Interest Paid:** 3.11 ✓**Suspended Amount:** 0.00**Class/Type:** TSSO/HYBD**Contracting Officer:** Camille W. Davis**Phone:** 5134872095**Project Officer:** William A. Hagel**Phone:** 2158143053**Approving Officer:** William A. Hagel**EPA Tech:** DGLENN**Prevalidated By:** DGLENN**Vendor Code:** 2250000469 1**Vendor Name:** BATTELLE MEMORIAL INSTITUTE**Pre Conversion Vendor Name:** BATTELLE MEMORIAL**Business Name:** BATTELLE MEMORIAL INSTITUTE**Address Line1:** DEPARTMENT L998**Address Line2:****City/State/Zip:** COLUMBUS, OH 43260**Cost Data**

Amt Invoiced Amt Suspended Amt Paid

Cost: 52623.36 0 52623.36
 Fixed: 3156.75 0 3156.75

Suspensions

Cost Type Suspense Description Amount

Invoice Status

Date	Step	User Assigned	User Updated	Status
2014-06-12 17:13:57.0	10	KAIGLER	VPS	LOGGED
2014-06-12 17:13:57.0	20	KAIGLER	VPS	ASSIGNED
2014-06-13 06:53:53.0	20	DLENN	STIMMONS	ASSIGNED
2014-06-18 09:56:42.0	30	DLENN	DLENN	STARTED
2014-06-18 09:57:17.0	40	DLENN	DLENN	PREVALIDATED
2014-06-19 00:57:43.0	50	KAIGLER	VPS	AO NOTIFIED
2014-07-11 09:51:34.0	90		VPS	FINALIZED
2014-07-11 10:00:40.0	100		VPS	TRANSMITTED
2014-07-11 10:34:21.0	120	DLENN	KAIGLER	CERTIFIED CPS
2014-07-16 00:00:12.0	150	DLENN	VPS	CERTIFIED IFMS
2014-07-16 00:00:12.0	210	DLENN	VPS	PAID

Invoice Comments

Date	User	Comments
07/10/2014	DLENN	SENT APPROVAL REQUEST

Account Distributions

Line No	DCN	FY	Approp	Organization	Site	Project	Cost Org	Object	Class	Amount Distributed
1	1372BJ5015	2013	T	72BA	HQ00BM00			2505		8919.00
2	1372DP5015	2013	T	72DP	HQ00BM00			2505		10202.00
3	13261EC329	2012	C	261E000			26A6F	2532		11832.11
7	1404RE4005	2014	TR2B	04R0C61	0461CO01	C002		2505		24827.00 ✓
Total										55,780.11

Cancel

Questions or Comments, Please contact OCFO/OTS/RTP-Ops

Standard Form 1034 Revised October 1987 Department of the Treasury 1 TFM 4-2000		PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL			VOUCHER NO. 00000009	
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT LOCATION EPA RESEARCH TRIANGLE PARK FINANCIAL MANAGEMENT CENTER MAIL CODE D143-02 RTP NC 27711 United States <div style="text-align: right; margin-top: 10px;">Customer ID: C00107855</div>				DATE VOUCHER PREPARED <div style="text-align: center;">06/11/2014</div>		SCHEDULE NO.
				CONTRACT NUMBER AND DATE EP-C-11-038/Task Order 0015		PAID BY
				REQUISITION NUMBER AND DATE		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> PAYEE'S NAME AND ADDRESS </div> <div style="width: 45%;"> Battelle Memorial Institute Dept L 998 COLUMBUS OH 43260 </div> <div style="width: 45%;"> Inquiry Tel: (614) 424-3278 DUNS No: 00-790-1598 Federal ID: (b)(4) </div> </div>				DATE INVOICE RECEIVED		
				DISCOUNT TERMS		
				PAYEE'S ACCOUNT NUMBER (b)(4)		
				SHIPPED FROM		TO

NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES <small>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</small>	QUANTITY	UNIT PRICE		AMOUNT (1)
				COST	PER	
04/25/2014 TO 05/29/2014		I certify that all payments requested are for appropriate purposes and in accordance with the agreements set forth in the contract. <div style="display: flex; justify-content: space-between;"> (Name of Official) Accounting Officer (Title) </div>				\$24,826.91
Confidential						
(Use continuation sheet(s) if necessary) (Payee must NOT use the space below)						TOTAL \$24,826.91
PAYMENT: <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE	APPROVED FOR BY 2		EXCHANGE RATE = \$1.00	DIFFERENCE		
	TITLE		Amount verified; correct for			
			(Signature or initials)			
	Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.					
<div style="display: flex; justify-content: space-between;"> (Date) (Authorized Certifying Officer) 2 (Title) </div>						
ACCOUNTING CLASSIFICATION						
P A I D	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)		
	CASH	DATE	PAYEE 3			
				PER		
				TITLE		

1 When stated in foreign currency, insert name of currency.

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PRIVACY ACT STATEMENT

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

Battelle Memorial Institute
Dept L 998
COLUMBUS OH
43260

Battelle

The Business of Innovation

Invoice: 10069712
Invoice Date: 06/11/2014
Customer ID: C00107855
Payment Terms: Net 30
Due Date: 07/11/2014
Voucher: 00000009

Bill To:

EPA
RESEARCH TRIANGLE PARK
FINANCIAL MANAGEMENT CENTER
MAIL CODE D143-02
RTP NC 27711
United States

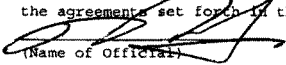
Inquiry: (614) 424-3278 P.O. Ref:
DUNS No: 00-790-1598 Contract: (b)(4)
Federal ID: (b)(4) Contract Type: CPFF
Client Ref: EP-C-11-038/Task Order 0015

PLEASE INCLUDE OUR INVOICE NUMBER AND CUSTOMER ID AS REFERENCED ABOVE ON YOUR REMITTANCE ADVICE. THANK YOU.

Billing Period FROM 04/25/2014 TO 05/29/2014

Cost Appropriation		122,692.00	Fee Appropriation	7,292.00
Cost Elements			Current	Cumulative
Direct Labor - BCO			4,768.74	12,257.92
Direct Labor - BTO			4,015.40	13,634.34
Fringe Benefits-Salaried - BCO		42.0%	2,002.86	5,148.27
Fringe Benefits-Salaried - BTO		42.0%	1,686.49	5,726.45
Division Overhead - BCO		63.1%	4,272.89	10,983.41
Division Overhead - BTO		26.1%	1,488.22	5,053.29
Special Facilities & Services - BCO			526.07	1,325.50
Special Facilities & Services - BTO			353.50	1,253.87
Travel - BCO			338.10	661.10
Travel - BTO			0.00	299.50
General & Administrative - BCO		26.8%	3,155.64	8,049.82
General & Administrative - BTO		7.99%	527.92	1,817.89
Cost of Facilities Capital-DOH - BCO			229.47	886.89
Cost of Facilities Capital-G&A - BCO			38.82	99.19
Cost of Facilities Capital-G&A - BTO			20.93	72.14
Total BEFORE Fee			23,422.05	66,972.24
Fee - Fixed			1,404.86	4,017.48
Total Fee			1,404.86	4,017.48
Net Total Cost			24,826.91	70,989.72

BF GOODRICH SITE

I certify that all payments requested are for appropriate purposes and in accordance with the agreements set forth in the contract.

(Name of Official) Accounting Officer
(Title)

All costs are calculated at the transaction level, but summarized for Billing purposes. Therefore, some rounding differences may occur.

PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL

VOUCHER NO
00000008

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION
E P A
RESEARCH TRIANGLE PARK
FINANCIAL MANAGEMENT CENTER
MAIL CODE D143-02
RTP, NC 27711

DATE VOUCHER PREPARED

05/13/2014

EP-C-11-038/Task Order 0015

REQUISITION NUMBER AND DATE

SCHEDULE NO.

PAID BY

PAYEE'S NAME AND ADDRESS
BATTELLE MEMORIAL INSTITUTE
DEPT. L 998
COLUMBUS, OHIO 43260

BILLING MGR (614)424-3278
FAX NO (614)424-4503
DUNS NO: 00-790-1598
FEDERAL ID # (b)(4)

DATE INVOICE RECEIVED

DISCOUNT TERMS

PAYEE ACCOUNT NUMBER

(b)(4)

SHIPPED FROM TO

GOVERNMENT B/L NUMBER

NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES (Enter description, item number of contract of Federal supply schedule, and other information deemed necessary)	Quantity	UNIT PRICE		AMOUNT
				COST	PER	
03/28/2014 TO 04/24/2014		COST REIMBURSABLE PROVISIONAL PAYMENT Please See Attached Continuation Sheets "Summary Voucher" Cost 38,780.22 Fee 2,326.15 Total 41,106.37 REMIT TO: ACH-EPA				\$41,106.37

(USE CONTINUATION SHEET(S) IF NECESSARY)

(Payee must NOT use the space below)

TOTAL \$41,106.37

PAYMENT	APPROVED FOR	EXCHANGE FEE	DIFFERENCES
PROVISIONAL	BY:2		
COMPLETE			
PARTIAL	TITLE		
FINAL			
PROGRESS			Amount verified; collected for
ADVANCE			(Signature or initials)

Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment

Accounting Officer

(Date)

(Authorized certifying officer)2

(Title)

ACCOUNT CLASSIFICATION

CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)
CASH	DATE	PAYEE 3	

1 When stated in foreign currency, insert name of currency.

2 If the ability to certify and authority to approve are combined in one person, one signature only is necessary, otherwise the approving officer will sign in the space provided over his official title.

3 When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporation name, as well as the capacity in which he signs, must appear, for example, John Doe Company per John Smith, Secretary, or Treasurer, as the case may be.

PER

TITLE

B4097362874

RECEIVED BY RTP-FC: Jul 14 2014

Standard Form 1034 Revised October 1987 Department of the Treasury 1 TFM 4-2000		PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL			VOUCHER NO. 00000008	
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT LOCATION EPA RESEARCH TRIANGLE PARK FINANCIAL MANAGEMENT CENTER MAIL CODE D143-02 RTP NC 27711 United States <div style="text-align: right; margin-top: 10px;">Customer ID: C00107855</div>				DATE VOUCHER PREPARED 05/13/2014		SCHEDULE NO.
				CONTRACT NUMBER AND DATE EP-C-11-038/Task Order 0015		PAID BY
				REQUISITION NUMBER AND DATE		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> PAYEE'S NAME AND ADDRESS Battelle Memorial Institute Dept L 998 COLUMBUS OH 43260 </div> <div style="width: 45%;"> Inquiry Tel: (614) 424-3278 DUNS No: 00-790-1598 Federal ID: (b)(4) </div> </div>				DATE INVOICE RECEIVED		
				DISCOUNT TERMS		
				PAYEE'S ACCOUNT NUMBER (b)(4)		
				SHIPPED FROM		TO
NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES <small>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</small>	QUANTITY	UNIT PRICE COST PER		AMOUNT (1)
03/28/2014 TO 04/24/2014		<div style="text-align: center;"> Confidential </div>				\$26,768.79
(Use continuation sheet(s) if necessary) (Payee must NOT use the space below) TOTAL \$26,768.79						
PAYMENT: <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE	APPROVED FOR BY 2		EXCHANGE RATE = \$1.00	DIFFERENCE		\$
TITLE			Amount verified; correct for (Signature or initials)			
Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.						
(Date)		(Authorized Certifying Officer) 2			(Title)	
ACCOUNTING CLASSIFICATION						
P A I D	CHECK NUMBER ON ACCOUNT OF U.S. TREASURY		CHECK NUMBER ON (Name of bank)			
	CASH DATE		PAYEE 3			
1 When stated in foreign currency, insert name of currency.				PER		
2 If ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise approving officer will sign in space provided, over official title.				TITLE		
3 When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.						

PRIVACY ACT STATEMENT

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

Battelle Memorial Institute
Dept L 998
COLUMBUS OH
43260

Battelle

The Business of Innovation

Invoice: 10068602
Invoice Date: 05/13/2014
Customer ID: C00107855
Payment Terms: Net 30
Due Date: 06/12/2014
Voucher: 00000008

Bill To:

EPA
RESEARCH TRIANGLE PARK
FINANCIAL MANAGEMENT CENTER
MAIL CODE D143-02
RTP NC 27711
United States

Inquiry: (614) 424-3278 P.O. Ref:
DUNS No: 00-790-1598 Contract:
Federal ID: 31-4379427 Contract Type: CPFF
Client Ref: EP-C-11-038/Task Order 0015

(b)(4)

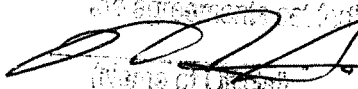
PLEASE INCLUDE OUR INVOICE NUMBER AND CUSTOMER ID AS REFERENCED ABOVE ON YOUR REMITTANCE ADVICE. THANK YOU.

Billing Period FROM 03/28/2014 TO 04/24/2014

Cost Appropriation		122,692.00	Fee Appropriation	7,292.00
Cost Elements			Current	Cumulative
Direct Labor - BCO			4,391.22	7,489.18
Direct Labor - BTSO			5,532.67	9,618.94
Fringe Benefits-Salaried - BCO	42.0%		1,844.27	3,145.41
Fringe Benefits-Salaried - BTSO	42.0%		2,323.74	4,039.96
Division Overhead - BCO	63.1%		3,934.63	6,710.52
Division Overhead - BTSO	26.1%		2,050.55	3,565.07
Special Facilities & Services - BCO			493.79	800.43
Special Facilities & Services - BTSO			527.84	902.37
Travel - BCO			0.00	323.00
Travel - BTSO			299.50	299.50
General & Administrative - BCO	26.5%		2,826.49	4,894.18
General & Administrative - BTSO	27.00%		514.97	1,289.63
Cost of Facilities Capital-DOH - BCO			271.11	366.42
Cost of Facilities Capital-G&A - BCO			34.69	60.37
Cost of Facilities Capital-G&A - BTSO			29.78	51.21
Total BEFORE Fee			25,253.82	43,550.19
Fee - Fixed			1,514.97	2,612.62
Total Fee			1,514.97	2,612.62
Net Total Cost			26,768.79	46,162.81

BF GOODRICH SITE

I certify that all payments requested are for appropriate purposes and in accordance with the agreement set forth in the contract.


(Name of Officer)
Accounting Officer
(Title)

All costs are calculated at the transaction level, but summarized for Billing purposes. Therefore, some rounding differences may occur.

PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL

VOUCHER NO
00000010

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION
E P A
RESEARCH TRIANGLE PARK
FINANCIAL MANAGEMENT CENTER
MAIL CODE D143-02
RTP, NC 27711

DATE VOUCHER PREPARED

07/14/2014

SCHEDULE NO.

EP-C-11-038/Task Order 0015

REQUISITION NUMBER AND DATE

PAID BY

PAYEE'S NAME
BATTELLE MEMORIAL INSTITUTE
DEPT. L 998
AND COLUMBUS, OHIO 43260
ADDRESS

BILLING MGR (614)424-3278
FAX NO (614)424-4503
DUNS NO: 00-790-1598
FEDERAL ID # (b)(4)

DATE INVOICE RECEIVED

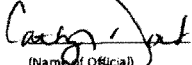
DISCOUNT TERMS

PAYEE ACCOUNT NUMBER

(b)(4)

SHIPPED FROM TO

GOVERNMENT B/L NUMBER

NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES (Enter description, item number of contract of Federal supply schedule, and other information deemed necessary)	Quantity	UNIT PRICE		AMOUNT
				COST	PER	
05/30/2014 TO 06/26/2014		COST REIMBURSABLE PROVISIONAL PAYMENT Please See Attached Continuation Sheets "Summary Voucher" Cost 67,819.55 Fee 4,068.27 Total 71,887.82 REMIT TO: ACH-EPA I certify that all payments requested are for appropriate purposes and in accordance with the agreements set forth in the contract.  (Name of Official) Accounting Officer (Title) Confidential				\$71,887.82

(USE CONTINUATION SHEET(S) IF NECESSARY)		(Payee must NOT use the space below)		TOTAL
PAYMENT	APPROVED FOR	EXCHANGE FEE	DIFFERENCE	\$71,887.82
PROVISIONAL				
COMPLETE				
PARTIAL	BY: 2			
FINAL				
PROGRESS	TITLE			
ADVANCE				
			Amount verified; collected for	
			(Signature or initials)	

Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment

(Date)

(Authorized certifying officer)2

Accounting Officer
(Title)

ACCOUNT CLASSIFICATION

CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)
CASH	DATE	PAYEE 3	

1 When stated in foreign currency, insert name of currency.

2 If the ability to certify and authority to approve are combined in one person, one signature only is necessary, otherwise the approving officer will sign in the space provided over his official title.

3 When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporation name, as well as the capacity in which he signs, must appear, for example, John Doe Company per John Smith, Secretary, or Treasurer, as the case may be.

PER

TITLE

B4097368609

RECEIVED BY RTP-FC: Jul 16 2014

Standard Form 1034 Revised October 1987 Department of the Treasury 1 TFM 4-2000		PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL				VOUCHER NO. 00000010	
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT LOCATION EPA RESEARCH TRIANGLE PARK FINANCIAL MANAGEMENT CENTER MAIL CODE D143-02 RTP NC 27711 United States				DATE VOUCHER PREPARED 07/14/2014		SCHEDULE NO. PAID BY	
				CONTRACT NUMBER AND DATE EP-C-11-038/Task Order 0015			
				REQUISITION NUMBER AND DATE			
Customer ID: C00107855				DATE INVOICE RECEIVED DISCOUNT TERMS PAYEE'S ACCOUNT NUMBER (b)(4)			
PAYEE'S NAME AND ADDRESS <div style="border: 1px solid black; padding: 5px;"> Battelle Memorial Institute Dept L 998 COLUMBUS OH 43260 </div>		Inquiry Tel: (614) 424-3278 DUNS No: 00-790-1598 Federal ID: (b)(4)					
SHIPPED FROM TO WEIGHT				GOVERNMENT B/L NUMBER			
NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES <small>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</small>	QUANTITY	UNIT PRICE COST PER		AMOUNT (1)	
05/30/2014 TO 06/26/2014		I certify that all payments requested are for appropriate purposes and in accordance with the agreements set forth in the contract. <div style="text-align: center;"> Accounting Officer <small>(Name of Official) (Title)</small> </div>				\$52,034.03	
(Use continuation sheet(s) if necessary) (Payee must NOT use the space below)						TOTAL \$52,034.03	
PAYMENT: <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE	APPROVED FOR	EXCHANGE RATE	DIFFERENCE				
	BY 2	= \$1.00					
	TITLE	Amount verified; correct for					
		(Signature or initials)					
Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.							
(Date)		(Authorized Certifying Officer) 2			(Title)		
ACCOUNTING CLASSIFICATION							
P A I D	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)			
	CASH	DATE	PAYEE 3				
1 When stated in foreign currency, insert name of currency. 2 If ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise approving officer will sign in space provided, over official title. 3 When a voucher is received in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.				PER TITLE			

PRIVACY ACT STATEMENT	
The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.	

Battelle Memorial Institute
Dept L 998
COLUMBUS OH
43260

Battelle

The Business of Innovation

Invoice: 10071200
Invoice Date: 07/14/2014
Customer ID: C00107855
Payment Terms: Net 30
Due Date: 08/13/2014
Voucher: 00000010

Bill To:

EPA
RESEARCH TRIANGLE PARK
FINANCIAL MANAGEMENT CENTER
MAIL CODE D143-02
RTP NC 27711
United States

Inquiry: (614) 424-3278 P.O. Ref:
DUNS No: 00-790-1598 Contract: (b)(4)
Federal ID: (b)(4) Contract Type: CPFF
Client Ref: EP-C-11-038/Task Order 0015

PLEASE INCLUDE OUR INVOICE NUMBER AND CUSTOMER ID AS REFERENCED ABOVE ON YOUR REMITTANCE ADVICE. THANK YOU.

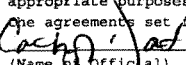
Billing Period FROM 05/30/2014 TO 06/26/2014

Cost Appropriation 122,692.00

Fee Appropriation 7,292.00

Cost Elements		Current	Cumulative
Direct Labor - BCO		7,967.76	20,225.68
Direct Labor - BTSO		11,665.22	25,299.56
Fringe Benefits-Salaried - BCO	42.0%	3,346.50	8,494.77
Fringe Benefits-Salaried - BTSO	42.0%	4,899.45	10,625.90
Division Overhead - BCO	63.1%	7,139.23	18,122.64
Division Overhead - BTSO	26.1%	4,323.36	9,376.65
Special Facilities & Services - BCO		938.72	2,264.22
Special Facilities & Services - BTSO		1,084.14	2,338.01
Travel - BCO		226.36	887.46
Travel - BTSO		236.00	535.50
General & Administrative - BCO	26.5%	5,199.04	13,248.86
General & Administrative - BTSO	7.00%	1,554.86	3,378.11
Cost of Facilities Capital-DOH - BCO		383.45	973.34
Cost of Facilities Capital-G&A - BCO		63.89	163.08
Cost of Facilities Capital-G&A - BTSO		61.58	133.72
Total BEFORE Fee		49,089.26	116,061.50
Fee - Fixed		2,944.77	6,962.25
Total Fee		2,944.77	6,962.25
Net Total Cost		52,034.03	123,023.75

BF GOODRICH SITE

I certify that all payments requested are for appropriate purposes and in accordance with the agreements set forth in the contract.

(Name of Official) Accounting Officer (Title)

All costs are calculated at the transaction level, but summarized for Billing purposes. Therefore, some rounding differences may occur.

PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL

VOUCHER NO
00000011

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION
E P A
RESEARCH TRIANGLE PARK
FINANCIAL MANAGEMENT CENTER
MAIL CODE D143-02
RTP, NC 27711

DATE VOUCHER PREPARED

08/15/2014

EP-C-11-038/Task Order 0015

REQUISITION NUMBER AND DATE

SCHEDULE NO.

PAID BY

PAYEE'S BATTELLE MEMORIAL INSTITUTE
NAME DEPT. L 998
AND COLUMBUS, OHIO 43260
ADDRESS

BILLING MGR (614)424-3278
FAX NO (614)424-4503
DUNS NO: 00-790-1598
FEDERAL ID # (b)(4)

DATE INVOICE RECEIVED


DISCOUNT TERMS

PAYEE ACCOUNT NUMBER

(b)(4)

SHIPPED FROM TO

GOVERNMENT B/L NUMBER

NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES (Enter description, item number of contract of Federal supply schedule, and other information deemed necessary)	Quantity	UNIT PRICE		AMOUNT
				COST	PER	
06/27/2014 TO 07/31/2014		COST REIMBURSABLE PROVISIONAL PAYMENT Please See Attached Continuation Sheets "Summary Voucher" Cost 23,052.23 Fee 566.33 Total 23,618.56 REMIT TO: ACH-EPA I certify that all payments requested are for appropriate purposes and in accordance with the agreements set forth in the contract.  (Name of Official) Accounting Officer (Title) Confidential				\$23,618.56

(USE CONTINUATION SHEET(S) IF NECESSARY)		(Payee must NOT use the space below)		TOTAL
PAYMENT	APPROVED FOR	EXCHANGE FEE	DIFFERENCES	\$23,618.56
PROVISIONAL				
COMPLETE	= \$	= \$1.00		
PARTIAL	BY:2			
FINAL				
PROGRESS	TITLE		Amount verified; collected for	
ADVANCE			(Signature or initials)	

Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment

(Date) (Authorized certifying officer)2 Accounting Officer (Title)

ACCOUNT CLASSIFICATION

CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)
CASH	DATE	PAYEE 3	

1 When stated in foreign currency, insert name of currency.

2 If the ability to certify and authority to approve are combined in one person, one signature only is necessary, otherwise the approving officer will sign in the space provided over his official title.

3 When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporation name, as well as the capacity in which he signs, must appear, for example, John Doe Company per John Smith, Secretary, or Treasurer, as the case may be.

PER

TITLE

Standard Form 1034 Revised October 1987 Department of the Treasury 1 TFM 4-2000		PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL			VOUCHER NO. 00000011		
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT LOCATION EPA RESEARCH TRIANGLE PARK FINANCIAL MANAGEMENT CENTER MAIL CODE D143-02 RTP NC 27711 United States <div style="text-align: right; margin-top: 10px;">Customer ID: C00107855</div>				DATE VOUCHER PREPARED 08/15/2014		SCHEDULE NO. PAID BY	
				CONTRACT NUMBER AND DATE EP-C-11-038/Task Order 0015			
				REQUISITION NUMBER AND DATE			
PAYEE'S NAME AND ADDRESS <div style="display: flex; justify-content: space-between;"> <div> Battelle Memorial Institute Dept L 998 COLUMBUS OH 43260 </div> <div> Inquiry Tel: (614) 424-3278 DUNS No: 00-790-1598 Federal ID: (b)(4) </div> </div>				DATE INVOICE RECEIVED			
				DISCOUNT TERMS			
				PAYEE'S ACCOUNT NUMBER (b)(4)			
				GOVERNMENT B/L NUMBER			
SHIPPED FROM				TO		WEIGHT	

NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES <small>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</small>	QUANTITY	UNIT PRICE		AMOUNT (1)
				COST	PER	
06/27/2014 TO 07/31/2014		I certify that all payments requested are for appropriate purposes and in accordance with the agreements set forth in the contract. <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div> <small>(Name of Official)</small> </div> <div> <small>Accounting Officer</small> <small>(Title)</small> </div> </div>				\$16,191.39
(Use continuation sheet(s) if necessary) (Payee must NOT use the space below)						TOTAL
<div style="display: flex; justify-content: space-between;"> <div> PAYMENT: <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE </div> <div> APPROVED FOR BY 2 TITLE </div> <div> EXCHANGE RATE = \$1.00 </div> <div> DIFFERENCE Amount verified; correct for (Signature or initials) </div> </div>						\$16,191.39

Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.

(Date)

(Authorized Certifying Officer) 2

(Title)

ACCOUNTING CLASSIFICATION

P A I D	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)
	CASH	DATE	PAYEE 3	

1 When stated in foreign currency, insert name of currency.
2 If ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise approving officer will sign in space provided, over official title.
3 When a voucher is received in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.

PER

 TITLE

PRIVACY ACT STATEMENT
The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

Battelle Memorial Institute
Dept L 998
COLUMBUS OH
43260

Battelle

The Business of Innovation

Invoice: 10072695
Invoice Date: 08/15/2014
Customer ID: C00107855
Payment Terms: Net 30
Due Date: 09/14/2014
Voucher: 00000011

Bill To:

EPA
RESEARCH TRIANGLE PARK
FINANCIAL MANAGEMENT CENTER
MAIL CODE D143-02
RTP NC 27711
United States

Inquiry: (614) 424-3278 P.O. Ref:
DUNS No: 00-790-1598 Contract: (b)(4)
Federal ID: (b)(4) Contract Type: CPFF
Client Ref: EP-C-11-038/Task Order 0015

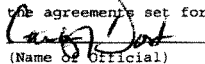
PLEASE INCLUDE OUR INVOICE NUMBER AND CUSTOMER ID AS REFERENCED ABOVE ON YOUR REMITTANCE ADVICE. THANK YOU.

Billing Period FROM 06/27/2014 TO 07/31/2014

Cost Appropriation	132,106.82	Fee Appropriation	7,108.32
Cost Elements		Current	Cumulative
Direct Labor - BCO		5,286.84	25,512.52
Direct Labor - BTSO		11,160.64	36,460.20
Fringe Benefits-Salaried - BCO	42.0%	2,220.47	10,715.24
Fringe Benefits-Salaried - BTSO	42.0%	4,687.55	15,313.45
Division Overhead - BCO	63.1%	4,737.12	22,859.76
Division Overhead - BTSO	26.1%	4,136.32	13,512.97
Special Facilities & Services - BCO		354.75	2,913.97
Special Facilities & Services - BTSO		1,051.88	3,389.89
Travel - BCO		0.00	887.46
Travel - BTSO		874.80	1,410.30
General & Administrative - BCO	26.5%	3,416.92	16,665.78
General & Administrative - BTSO	7.00%	1,333.69	4,905.80
Cost of Facilities Capital-DOL - BCO		254.42	1,224.76
Cost of Facilities Capital-G&A - BCO		42.05	205.13
Cost of Facilities Capital-G&A - BTSO		60.82	194.54
Total BEFORE Fee		40,113.27	156,174.77
Fee - Fixed		2,406.61	9,368.86
Total Fee		2,406.61	9,368.86
Excess of Cost Appropriation		(24,067.95)	(24,067.95)
Excess of Fee Approp - Fixed		(2,260.54)	(2,260.54)
Net Total Cost		16,191.39	139,215.14

BF GOODRICH SITE

I certify that all payments requested are for appropriate purposes and in accordance with the agreements set forth in the contract.

 Accounting Officer
(Name of Official) (Title)

All costs are calculated at the transaction level, but summarized for Billing purposes. Therefore, some rounding differences may occur.

PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL

VOUCHER NO
00000001

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION
E P A
RESEARCH TRIANGLE PARK
FINANCIAL MANAGEMENT CENTER
MAIL CODE D143-02
RTP, NC 27711

DATE VOUCHER PREPARED
10/14/2014

EP-C-11-038/Task Order 0026

REQUISITION NUMBER AND DATE

SCHEDULE NO.

PAID BY

PAYEE'S NAME
BATTELLE MEMORIAL INSTITUTE
DEPT. L 998
AND COLUMBUS, OHIO 43260
ADDRESS

BILLING MGR (614)424-3278
FAX NO (614)424-4503
DUNS NO: 00-790-1598
FEDERAL ID # **(b)(4)**

DATE INVOICE RECEIVED

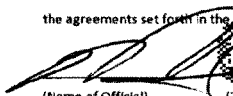
DISCOUNT TERMS

PAYEE ACCOUNT NUMBER

(b)(4)

SHIPPED FROM TO

GOVERNMENT B/L NUMBER

NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES (Enter description, item number of contract of Federal supply schedule, and other information deemed necessary)	Quantity	UNIT PRICE		AMOUNT
				COST	PER	
08/29/2014 TO 09/30/2014		COST REIMBURSABLE PROVISIONAL PAYMENT Please See Attached Continuation Sheets "Summary Voucher" Cost 24,413.28 Fee 1,447.21 Total 25,860.49 REMIT TO: ACH-EPA I certify that all payments requested are for appropriate purposes and in accordance with the agreements set forth in the contract.  (Name of Official) (Title)				\$25,860.49

(USE CONTINUATION SHEET(S) IF NECESSARY)

(Payee must NOT use the space below)

TOTAL \$25,860.49

PAYMENT	APPROVED FOR	EXCHANGE FEE	DIFFERENCES
PROVISIONAL			
COMPLETE	BY:2	=\$1.00	
PARTIAL			
FINAL			
PROGRESS	TITLE		Amount verified; collected for
ADVANCE			(Signature or initials)

Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment

(Date)

(Authorized certifying officer)2

Accounting Officer
(Title)

ACCOUNT CLASSIFICATION

CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)
CASH	DATE	PAYEE 3	

1 When stated in foreign currency, insert name of currency.

2 If the ability to certify and authority to approve are combined in one person, one signature only is necessary, otherwise the approving officer will sign in the space provided over his official title

3 When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporation name, as well as the capacity in which he signs, must appear, for example, John Doe Company per John Smith, Secretary, or Treasurer, as the case may be.

PER

TITLE

Standard Form 1034 Revised October 1987 Department of the Treasury 1 TFM 4-2000		PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL			VOUCHER NO. 00000001	
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT LOCATION EPA RESEARCH TRIANGLE PARK FINANCIAL MANAGEMENT CENTER MAIL CODE D143-02 RTP NC 27711 United States <div style="text-align: right;">Customer ID: C00107855</div>				DATE VOUCHER PREPARED 10/14/2014		SCHEDULE NO. PAID BY
				CONTRACT NUMBER AND DATE EP-C-11-038/TO 0026 PR-ORD-14-01577		
				REQUISITION NUMBER AND DATE		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> PAYEE'S NAME AND ADDRESS Battelle Memorial Institute Dept L 998 COLUMBUS OH 43260 </div> <div style="width: 45%;"> INQUIRY Tel: (614) 424-3278 DUNS No: 00-790-1598 Federal ID: (b)(4) </div> </div>				DATE INVOICE RECEIVED		
				DISCOUNT TERMS		
				PAYEE'S ACCOUNT NUMBER (b)(4)		
				GOVERNMENT B/L NUMBER		
SHIPPED FROM		TO		WEIGHT		
NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES <small>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</small>	QUANTITY	UNIT PRICE COST PER		AMOUNT (1)
08/29/2014 TO 09/30/2014		I certify that all payments requested are for appropriate purposes and in accordance with the agreements set forth in the contract. <div style="text-align: center;"> <small>(Name of Officer)</small> <small>Accounting Officer</small> <small>(Title)</small> </div>				\$24,063.67
(Use continuation sheet(s) if necessary) (Payee must NOT use the space below)				TOTAL \$24,063.67		
PAYMENT: <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE	APPROVED FOR BY 2	EXCHANGE RATE = \$1.00	DIFFERENCE		Amount verified, correct for (Signature or Initials)	
TITLE						
Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.						
(Date)		(Authorized Certifying Officer) 2		(Title)		
ACCOUNTING CLASSIFICATION						
P A I D	CHECK NUMBER ON ACCOUNT OF U.S. TREASURY		CHECK NUMBER ON (Name of bank)			
	CASH DATE		PAYEE 3			
	\$					
<small>1 When stated in foreign currency, insert name of currency</small>				PER		
<small>2 If ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise approving officer will sign in space provided, over official title</small>				TITLE		
<small>3 When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example, "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be</small>						

PRIVACY ACT STATEMENT

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

Battelle Memorial Institute
Dept L 998
COLUMBUS OH
43260

Battelle

The Business of Innovation

Invoice: 10075669
Invoice Date: 10/14/2014
Customer ID: C00107855
Payment Terms: Net 30
Due Date: 11/13/2014
Voucher: 00000001

Bill To:

EPA
RESEARCH TRIANGLE PARK
FINANCIAL MANAGEMENT CENTER
MAIL CODE D143-02
RTP NC 27711
United States

Inquiry: (614) 424-3278 P.O. Ref:
DUNS No: 00-790-1598 Contract: (b)(4)
Federal ID: (b)(4) Contract Type: CPFF
Client Ref: EP-C-11-038/TO 0026 PR-ORD-14-01577

PLEASE INCLUDE OUR INVOICE NUMBER AND CUSTOMER ID AS REFERENCED ABOVE ON YOUR REMITTANCE ADVICE. THANK YOU.

Billing Period FROM 08/29/2014 TO 09/30/2014

Cost Appropriation 86,769.00 Fee Appropriation 5,160.00

Cost Elements		Current	Cumulative
Direct Labor - BCO		3,664.42	3,664.42
Direct Labor - BTSO		5,529.62	5,529.62
Fringe Benefits-Salaried - BCO	42.0%	1,539.04	1,539.04
Fringe Benefits-Salaried - BTSO	X 42.0%	2,322.48	2,322.48
Division Overhead - BCO	63.1%	3,283.37	3,283.37
Division Overhead - BTSO	26.1%	2,049.41	2,049.41
Special Facilities & Services - BCO		249.69	249.69
Special Facilities & Services - BTSO		781.56	781.56
General & Administrative - BCO	26.5%	2,315.22	2,315.22
General & Administrative - BTSO	7.00%	747.77	747.77
Cost of Facilities Capital-DOH - BCO		176.35	176.35
Cost of Facilities Capital-G&A - BCO		28.52	28.52
Cost of Facilities Capital-G&A - BTSO		29.47	29.47
Total BEFORE Fee		22,716.92	22,716.92
Fee - Fixed		1,346.75	1,346.75
Total Fee		1,346.75	1,346.75
Net Total Cost		24,063.67	24,063.67

TD # SPG

I certify that all payments requested are for appropriate purposes and in accordance with the agreement set forth in the contract.

(Name of Official)

Accounting Officer
(Title)

All costs are calculated at the transaction level, but summarized for Billing purposes. Therefore, some rounding differences may occur.

PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL

VOUCHER NO
00000002

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION
E P A
RESEARCH TRIANGLE PARK
FINANCIAL MANAGEMENT CENTER
MAIL CODE D143-02
RTP, NC 27711

DATE VOUCHER PREPARED

11/17/2014

SCHEDULE NO.

PAID BY

EP-C-11-038/Task Order 0026

REQUISITION NUMBER AND DATE

PAYEE'S NAME
BATTELLE MEMORIAL INSTITUTE
DEPT. L 998
AND COLUMBUS, OHIO 43260
ADDRESS

BILLING MGR (614)424-3278
FAX NO (614)424-4503
DUNS NO: 00-790-1598
FEDERAL ID # (b)(4)

DATE INVOICE RECEIVED

DISCOUNT TERMS

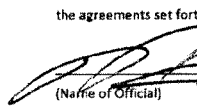
PAYEE ACCOUNT NUMBER

(b)(4)

GOVERNMENT B/L NUMBER

SHIPPED FROM

TO

NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES (Enter description, item number of contract of Federal supply schedule, and other information deemed necessary)	Quantity	UNIT PRICE		AMOUNT
				COST	PER	
10/01/2014 TO 10/30/2014		COST REIMBURSABLE PROVISIONAL PAYMENT Please See Attached Continuation Sheets "Summary Voucher" Cost 67,245.84 Fee 3,986.84 Total 71,232.68 REMIT TO: ACH-EPA I certify that all payments requested are for appropriate purposes and in accordance with the agreements set forth in the contract.  (Name of Official) (Title) Confidential				\$71,232.68

(USE CONTINUATION SHEET(S) IF NECESSARY)

(Payee must NOT use the space below)

TOTAL \$71,232.68

PAYMENT	APPROVED FOR	EXCHANGE FEE	DIFFERENCES
PROVISIONAL			
COMPLETE	=\$	=\$1.00	
PARTIAL	BY:2		
FINAL			
PROGRESS	TITLE		Amount verified, collected for
ADVANCE			(Signature or initials)

Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment

(Date)

(Authorized certifying officer)2

Accounting Officer
(Title)

ACCOUNT CLASSIFICATION

CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)
CASH	DATE	PAYEE 3	

1 When stated in foreign currency, insert name of currency.

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3 When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporation name, as well as the capacity in which he signs, must appear, for example, John Doe Company per John Smith, Secretary, or Treasurer, as the case may be.

PER

TITLE

Standard Form 1034 Revised October 1987 Department of the Treasury 1 TFM 4-2000		PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL			VOUCHER NO. 00000002	
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT LOCATION EPA RESEARCH TRIANGLE PARK FINANCIAL MANAGEMENT CENTER MAIL CODE D143-02 RTP NC 27711 United States			DATE VOUCHER PREPARED 11/17/2014		SCHEDULE NO. PAID BY	
			CONTRACT NUMBER AND DATE EP-C-11-038/TO 0026 PR-ORD-14-01577			
			REQUISITION NUMBER AND DATE			
Customer ID: C00107855			DATE INVOICE RECEIVED DISCOUNT TERMS PAYEE'S ACCOUNT NUMBER (b)(4)		GOVERNMENT B/L NUMBER	
PAYEE'S NAME AND ADDRESS <div style="display: flex; justify-content: space-between;"> <div> Battelle Memorial Institute Dept L 998 COLUMBUS OH 43260 </div> <div> Inquiry Tel: (614) 424-3278 DUNS No: 00-790-1598 Federal ID: (b)(4) </div> </div>						
SHIPPED FROM TO WEIGHT						
NUMBER AND DATE OF ORDER 10/01/2014 TO 10/30/2014						
DATE OF DELIVERY OR SERVICE		ARTICLES OR SERVICES <small>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</small>		QUANTITY	UNIT PRICE COST PER	AMOUNT (1)
		I certify that all payments requested are for appropriate purposes and in accordance with the agreements set forth in the contract. Accounting Officer <small>(Name of Official) (Title)</small>				\$66,408.86
(Use continuation sheet(s) if necessary) (Payee must NOT use the space below)						\$66,408.86
PAYMENT: <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE	APPROVED FOR BY 2		EXCHANGE RATE = \$1.00	DIFFERENCE		TOTAL
	TITLE		Amount verified; correct for (Signature or initials)			
Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.						
(Date)		(Authorized Certifying Officer) 2			(Title)	
ACCOUNTING CLASSIFICATION						
P A I D	CHECK NUMBER ON ACCOUNT OF U.S. TREASURY		CHECK NUMBER ON (Name of bank)			
	CASH DATE		PAYEE 3			
1 When stated in foreign currency, insert name of currency. 2 If ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise approving officer will sign in space provided, over official title. 3 When a voucher is received in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.					PER TITLE	

PRIVACY ACT STATEMENT

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

Battelle Memorial Institute
Dept L 998
COLUMBUS OH
43260

Battelle

The Business of Innovation

Invoice: 10077188
Invoice Date: 11/17/2014
Customer ID: C00107855
Payment Terms: Net 30
Due Date: 12/17/2014
Voucher: 00000002

Bill To:

EPA
RESEARCH TRIANGLE PARK
FINANCIAL MANAGEMENT CENTER
MAIL CODE D143-02
RTP NC 27711
United States

Inquiry: (614) 424-3278 P.O. Ref:
DUNS No: 00-790-1598 Contract: (b)(4)
Federal ID: (b)(4) Contract Type: CPFF
Client Ref: EP-C-11-038/TO 0026 PR-ORD-14-01577

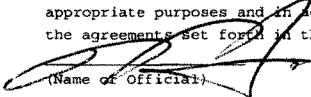
PLEASE INCLUDE OUR INVOICE NUMBER AND CUSTOMER ID AS REFERENCED ABOVE ON YOUR REMITTANCE ADVICE. THANK YOU.

Billing Period FROM 10/01/2014 TO 10/30/2014

Cost Appropriation 86,769.00 Fee Appropriation 5,160.00

Cost Elements		Current	Cumulative
Direct Labor - BCO		7,162.86	10,827.28
Direct Labor - BTSO		19,384.63	24,914.25
Fringe Benefits-Salaried - BCO	42.0%	3,008.35	4,547.39
Fringe Benefits-Salaried - BTSO	X 42.0%	8,141.66	10,464.14
Division Overhead - BCO	63.1%	6,418.02	9,701.39
Division Overhead - BTSO	26.1%	7,184.36	9,233.77
Special Facilities & Services - BCO		503.34	753.03
Special Facilities & Services - BTSO		3,167.43	3,948.99
General & Administrative - BCO	26.5%	4,529.49	6,844.71
General & Administrative - BTSO	7.00%	2,651.42	3,399.19
Cost of Facilities Capital-DOH - BCO		325.20	501.55
Cost of Facilities Capital-G&A - BCO		35.19	94.31
Cost of Facilities Capital-G&A - BTSO		149.12	77,779.12
Total BEFORE Fee		62,691.87	85,408.79
Fee - Fixed		3,716.99	5,063.74
Total Fee		3,716.99	5,063.74
Net Total Cost		66,408.86	90,472.53

TD BFG

I certify that all payments requested are for appropriate purposes and in accordance with the agreements set forth in the contract.

(Name of Official) Accounting Officer (Title)

All costs are calculated at the transaction level, but summarized for Billing purposes. Therefore, some rounding differences may occur.